## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
National Nurses United for Patient Protection				
	C C00490375			
Check if 24-hour report				
Full Name of Payee	Date of Public Distribution/Dissemination			
Lamar Companies	M M / D D / Y Y Y Y			
Mailing Address PO Box 96030	11 02 2015			
	Amount			
City State Zip Code	8250.00			
Baton Rouge LA 70896	Transaction ID : D689882 Date of Disbursement or Obligation			
Purpose of Expenditure Printing  Category/ Type	11 03 7 2015			
Name of Federal Candidate Support Office	e Sought: House District: 00			
Bernie Sanders Oppose	President Senate State: DC			
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	ursement For:			
Full Name of Payee	Date of Public Distribution/Dissemination			
Lamar Companies	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address PO Box 96030	Amount			
City State Zip Code	56000.00			
Baton Rouge LA 70896	Transaction ID : D689883			
Purpose of Expenditure  Category/	Date of Disbursement or Obligation			
Printing Type Type	11 03 2015			
Name of Federal Candidate Support Office	e Sought: House District: 00			
Bernie Sanders Oppose	President Senate State: DC			
	ursement For: X Primary General			
Per Election for Office Sought 380528.18 2016	Other (specify) -			
(a) SUBTOTAL of Itemized Independent Expenditures	64250.00			
	1 7 1 7 1 7			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
<u> </u>	7 7			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Carolyn Hietamaki  [Electronically Filed] Date 1	M / D D / Y Y Y Y			
Signature Date	1 03 2015			

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	EXI END	TOTILO		PAGE 2 OF 3 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	:			FEC IDENTIFICATION NUMBER ▼		
National Nurses United for Patient Prof	tection			C C00490375		
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y		
Full Name of Payee Lamar Companies				of Public Distribution/Dissemination		
Mailing Address PO Box 96030			Amou	11 04 2015 nt		
City	State	Zip Code	— r	29125.00		
Baton Rouge	LA 70896			Transaction ID : D689885  Date of Disbursement or Obligation		
Purpose of Expenditure Printing		Category/ Type		11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sough	t: House District:00		
Bernie Sanders		Oppose	X Preside	ent Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought	3	380528.18	Disbursemen 2016	t For:		
Full Name of Payee			Date	of Public Distribution/Dissemination		
Lamar Companies				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address PO Box 96030			Amou			
City	State	Zip Code	— I	5560.00		
Baton Rouge	LA	70896		action ID : D689886 of Disbursement or Obligation		
Purpose of Expenditure Printing		Category/ Type		11 03 2015		
Name of Federal Candidate		X Support	Office Sough	nt: House District: 00		
Bernie Sanders		Oppose	X Presid	ent Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought	, , ,	380528.18	Disbursemer 2016	nt For:		
(a) SUBTOTAL of Itemized Independent Expenditures	<b>3</b>		·· •	34685.00		
(b) SUBTOTAL of Unitemized Independent Expenditure	res		·· •	7 1 7 1 7		
(c) TOTAL Independent Expenditures			•	7 1 7 1 7		
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized					
Carolyn Hietamaki	[Electron	ically Filed] Date	e 11	03 / 2015		
Signature						

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

		FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
National Nurses United for Patient Protection		C C00490375			
Check if 24-hour report X 48-hour report New report	Amends report filed o	n			
Full Name of Payee Outfront Media		Date of Public Distribution/Dissemination			
		11 02 7 2015			
Mailing Address PO Box 33074		Amount			
City State Zip	Code	13676.00			
Newark NJ 071		Transaction ID : D689884 Date of Disbursement or Obligation			
Purpose of Expenditure Printing  Ca	tegory/ Type	11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	X Support Office S	Sought: House District: 00			
Bernie Sanders	Oppose X F	President Senate State: DC			
Calendar Year-To-Date Per Election for Office Sought 38052		ement For:			
Full Name of Payee		Date of Public Distribution/Dissemination			
Tall Name of Fayer		M = M / D = D / Y = Y = Y			
Mailing Address		Amount			
City State Zip	Code				
		Date of Disbursement or Obligation			
Purpose of Expenditure Ca	tegory/ Type	M = M / D = D / Y = Y = Y = Y			
Name of Federal Candidate	Support Office	Sought: House District:			
	Oppose	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought	Disburs	sement For: Primary General  Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures		13676.00			
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	······	112611.00			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Carolyn Hietamaki [Electronically	Filed] Date 11	03 2015			
Signature					

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